



DEPARTMENT OF FISH AND GAME
OFFICE OF TRAINING AND DEVELOPMENT
e-LEARNING PROGRAM USER INFORMATION SHEET



NAME:	SUPERVISOR/MANAGER:
ADDRESS:	REGION/DIVISION:
	TELEPHONE:
	E-MAIL ADDRESS:
Your user name must be the first 3 letters of your last name plus the last 4 of your Social Security number.	Please remember your password must be 7 characters and will be case sensitive.
USER NAME:	PASSWORD:

If you would like to request a CD-ROM from the library, please list the course name below:

1.

2.

3.

4.

5.